

MAY 15 2019



So we may expedite your UR request, please attach copy of this letter with your documentation & return within 24hours. Your prompt response is appreciated.

05/08/2019.

CLAIM #: 040519008736
DOI: 02/15/2019

INSURED: Biotelemetry, Inc.
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: Jonathan Shockley
CORVEL #: 139249073-UMO-5

ADJUSTER: Mario Castro
RFA DATE: 05/03/2019

Dear Patrick O Lang, MD

We have been asked to provide utilization review of your recent request for certification of a Voice Generated System. Additional information is necessary to reach a determination of the medical necessity of your request. Please submit reasonably necessary medical information as follows **within 24 hours**:

X	Most current PR2
	History & physical
	Prior treatment/response
	Operative/procedure report(s)
	Laboratory results
	Any available diagnostic studies
X	Initial evaluation/Progress reports

	CPT and ICD9 codes
X	Current treatment plan
	Plans for discharge
	Number of visits to date
	Start of care date

Please provide progress report; no report was attached to the RFA dated 5/3/19. If we do not obtain the necessary information, this request will be non-certified by a physician reviewer. To expedite the review, you may fax directly to CorVel at (866) 448-4076.

This notification is in compliance with Labor Code section 4610. Should the request be non-certified due to lack of information, the case will be reopened and reviewed when medical information is forwarded for review. If you have any questions or if we may be of further assistance, please contact CorVel at the number below.

Sincerely,

Joni Mazon, RN
Utilization Management Department



cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Church, Michele



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On May 8, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Dr. Lang / Kim
Email: admin@sfhand.com

Mario Castro
Email: Mario.Castro@Chubb.com

Michele Church
Email: mchurch@chubb.com

Patrick O Lang, MD
Fax: (415) 359-1925

Executed on May 8, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read 'Linda A. Grant', written over a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On May 8, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Patrick O Lang, MD
601 Van Ness Ave., #2018
San Francisco
CA
94102

Executed on May 8, 2019 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

Becca Guimont

Signature

File: 040519008736, Shockley Jonathan